

RECEIVED
SDNY PRO SE OFFICE

2023 APR 12 PM 3:23

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Glenn Johnson

Write the full name of each plaintiff.

No. _____

(To be filled out by Clerk's Office)

-against-

COMPLAINT
(Prisoner)

THE CITY OF NEW YORK AND THE NEW YORK CITY
DEPARTMENT OF CORRECTIONS, CORRECTION OFFICER
MC. CUTCHEN #. 18140, CORRECTION OFFICER JOHN

Do you want a jury trial?

☒ Yes ☐ No

DOE

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: _____

II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

GLENN

First Name

Middle Initial

JOHNSON

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

I.D.# 3492201707

NYSID# 04161411K

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

ANNA.M. KROSS.CENTER. / C-95

Current Place of Detention

A.M.K.C.

18-18 HAZEN STREET

Institutional Address

EAST ELMHURST

County, City

NEW YORK

State

11370.

Zip Code

III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other: _____

IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	<u>C.O. McCutchen</u>	<u>#. 18140</u>
	First Name	Last Name
	<u>CORRECTION OFFICER 4 UPPER DORM AREA</u>	
	Current Job Title (or other identifying information)	
	<u>E.M.T.C. C-96 10-10 HAZEN STREET</u>	
	Current Work Address	
	<u>EAST ELMHURST</u>	<u>NEW YORK</u>
	County, City	State
		<u>11370</u>
		Zip Code
Defendant 2:	<u>JOHN</u>	<u>DOE</u>
	First Name	Last Name
	<u>CORRECTION OFFICER</u>	
	Current Job Title (or other identifying information)	
	<u>E.M.T.C. C-76 10-10 HAZEN STREET 4 UPPER DORM AREA</u>	
	Current Work Address	
	<u>EAST ELMHURST</u>	<u>NEW YORK</u>
	County, City	State
		<u>11370</u>
		Zip Code
Defendant 3:		
	First Name	Last Name
	Shield #	
	Current Job Title (or other identifying information)	
	Current Work Address	
	County, City	State
		Zip Code
Defendant 4:		
	First Name	Last Name
	Shield #	
	Current Job Title (or other identifying information)	
	Current Work Address	
	County, City	State
		Zip Code

V. STATEMENT OF CLAIM

Place(s) of occurrence: DORM 4 UPPER OF E.M.T.C. AT RIKER'S ISLAND CORRECTIONAL FACILITY.
10-10 HAZEN STREET EAST ELMHURST, NEW YORK 11370.

Date(s) of occurrence: JULY 1, 2022 4:00 PM FRIDAY

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

MANNER OF ACCIDENT: THE CLAIMANT WAS CAUSED TO SUSTAIN SEVERE AND PERMANENT
INJURIES WHEN HE WAS PHYSICALLY ASSAULTED WITH A WEAPON BY SEVERAL INMATES
AT THE ABOVEMENTIONED LOCATION AND CORRECTIONAL FACILITY. THE DEFENDANTS,
THROUGH THEIR SERVANTS, AGENTS AND/OR EMPLOYEES, WERE NEGLIGENT IN FAILING
TO MAINTAIN, OPERATE AND CONTROL THE AFORESAID CORRECTIONAL FACILITY IN A
SAFE AND PROPER MANNER, IN FAILING TO PROVIDE ADEQUATE SUPERVISION OF THE
OTHER INMATES IN THEIR CUSTODY AND CARE AND EMPLOYMENT, IN FAILING TO PROPERLY
HIRE, TRAIN AND SUPERVISE PERSONNEL TO OVERSEE, SUPERVISE, CONTROL AND DISCIPLINE
THE INMATES; IN ALLOWING INMATES TO INTENTIONALLY PHYSICALLY ASSAULT THE CLAIMANT
CAUSING THE CLAIMANT TO SUSTAIN SEVERE AND PERMANENT INJURIES; IN ALLOWING
INMATES TO OBTAIN AND RETAIN A WEAPON WHICH WAS USED TO PHYSICALLY ASSAULT THE
CLAIMANT CAUSING THE CLAIMANT TO SUSTAIN SEVERE AND PERMANENT INJURIES; IN
FAILING TO TIMELY AND ADEQUATELY STOP THE ASSAULT, IN VIOLATING THE CLAIMANT'S
CIVIL RIGHTS, AND IN FAILING TO PROVIDE FOR THE SAFETY, CARE AND WELL BEING OF THE
CLAIMANT WHO IS IN THE DEFENDANTS CUSTODY. THE DEFENDANTS CREATED AND HAD
NOTICE AND KNOWLEDGE OF THE CONDITIONS COMPLAINED OF.

INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

INJURIES TO HEAD BODY, LIMBS, LEFT EYE LACERATION BLEEDING AND BLURRY VISION
BLACK AND BLUE SWELLEN EYES

VI. RELIEF

State briefly what money damages or other relief you want the court to order.

PLEASE TAKE FURTHER NOTICE THAT BY REASON OF THE PREMISES IN DEFAULT OF THE CITY OF
NEW YORK AND THE NEW YORK CITY DEPARTMENT OF CORRECTIONS TO PAY TO THE CLAIMANT
THE SUM OF \$2,000,000.00 WITHIN THE TIME LIMITED FOR COMPLIANCE WITH THIS
DEMAND BY SAID DEFENDANTS BY THE STATUTES IN SUCH CASES MADE AND PROVIDED.

VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

3/31/23
 Dated

Glenn Johnson "PROSE"
 Plaintiff's Signature

GLENN JOHNSON
 First Name Middle Initial Last Name

ANNA. M. KROSS. CENTER. / C-95 18-18 HAZEN STREET
 Prison Address

EAST ELMHURST NEW YORK 11370.
 County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 3/31/23

NEW YORK CITY DEPARTMENT OF CORRECTION
Louis A. Molina, Commissioner



Christopher B. Connard
Records Access Officer
75-20 Astoria Boulevard
East Elmhurst, New York 11370

718-546-0952
Fax 718-278-6001

November 22, 2022

Glen Johnson #349-22-01707
N.I.C.
15-00 Hazen Street
East Elmhurst, NY 11370

Re: FOIL Request
FOIL #: 2023FR1023

Dear Mr. Johnson:

This is a final response to your request for records (copy enclosed) made pursuant to the New York State Freedom of Information Law.

Enclosed please find a copy of the Logbook at E.M.T.C. Dorm 4 Upper on July 1, 2022 you requested. Please be advised that information pertaining to other individuals such as Names, Book and Case numbers and NYSID numbers has been withheld as disclosure of said information would constitute an unwarranted invasion of personal privacy pursuant to the New York State Public Officers Law, Section 87(2)(b).

Pursuant to the New York State Public Officers Law, Section 89(4)(a), you may, within thirty (30) days of receipt of this letter, submit an appeal to the Records Appeals Officer at records.access@doc.nyc.gov.

Very truly yours,

Christopher B. Connard scp

Christopher B. Connard
Records Access Officer

Enclosure
CBC/scp

RECORDS ACCESS OFFICER

11/16/22

NEW YORK CITY DEPARTMENT OF CORRECTION

21 NOV 2022 PM 11:31

LEGAL DIVISION SUITE 305

75-20 ASTORIA BLVD

EAST ELMHURST, NEW YORK 11370.

REQUEST FOR LOG BOOK AND MEDICAL RECORD LOG BOOK INFORMATION

I AM REQUESTING LOG BOOK AND MEDICAL RECORD INFORMATION FOR AND INCIDENT THAT HAPPEN ON JULY 1, 2022 AT EMT-C-76 DORM 4 UPPER AT 4:00 PM FRIDAY AFTERNOON WHERE I RECEIVED MEDICAL ATTENTION FOR AND EYE AND FACE INJURY WHERE I WAS ASSAULTED BY INMATE, IN DORM 4 UPPER WHICH HAS VIDEO CAMERAS IN THE 4 UPPER DORM AREA.

I REQUESTED MY MEDICAL RECORD FROM 7/1/22 TO 9/30/22

WHICH DO NOT HAVE AND INJURY TO INMATE REPORT ON FILE WHERE I WAS TREATED AT EMT-C-76 MEDICAL CLINIC ON 7/1/22. I AM REQUESTING LOG BOOK INFORMATION FOR THAT DATE 7/1/22. I ALSO NEED LOG BOOK INFORMATION FROM THE MEDICAL LOG BOOK AND THE DORM 4 UPPER LOG BOOK INFORMATION ABOUT THIS INCIDENT.

OFFICER JANE DOE #: 18140 WAS THE DORM 4 UPPER OFFICER FOR THAT DAY 7/1/22.

THANK YOU

NORTH INFIRMARY COMMAND

Glenn Johnson

1500 HAZEN STREET EAST ELMHURST

I.D. 3492201707

NEW YORK 11370.

NORTH INFIRMARY COMMAND
1500 HAZEN STREET

AUTHORIZATION FOR RELEASE OF HEALTH INFORMATION PURSUANT TO HIPAA

Patient Name <u>GLENN JOHNSON</u>	Date of Birth <u>6/5/60</u>	Medical Record Number
Patient Address <u>R.N.D.C.C-74 11-11 HAZEN STREET EAST ELMHURST, NEW YORK 11370.</u>		

I, or my authorized representative, request that health information regarding my care and treatment as set forth on this form:

In accordance with New York State Law and the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), I understand that:

1. This authorization may include disclosure of information relating to **ALCOHOL and DRUG ABUSE, MENTAL HEALTH TREATMENT**, except psychotherapy notes, and **CONFIDENTIAL HIV-RELATED INFORMATION** only if I place my initials on the appropriate line in Item 9(a). In the event the health information described below includes any of these types of information, and I initial this line on the box in Item 9(a), I specifically authorize release of such information to the person(s) indicated in Item 8.
2. If I am authorizing the release of HIV-related, alcohol, or drug treatment, or mental health treatment information, the recipient is prohibited from redisclosing such information without my authorization unless permitted to do so under federal or state law. I understand that I have the right to request a list of people who may receive or use my HIV-related information without authorization. If I experience discrimination because of the release or disclosure of HIV-related information, I may contact the New York State Division of Human Rights at (212) 480-2493 or the New York City Commission of Human Rights at (212) 306-7450. These agencies are responsible for protecting my rights.
3. I have the right to revoke this authorization at any time by writing to the health care provider listed below. I understand that I may revoke this authorization except to the extent that action has already been taken based on this authorization.
4. I understand that signing this authorization is voluntary. My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.
5. Information disclosed under this authorization might be redisclosed by the recipient (except as noted above in Item 2), and this redisclosure may no longer be protected by federal or state law.
6. **THIS AUTHORIZATION DOES NOT AUTHORIZE YOU TO DISCUSS MY HEALTH INFORMATION OR MEDICAL CARE WITH ANYONE OTHER THAN THE ATTORNEY OR GOVERNMENTAL AGENCY SPECIFIED IN ITEM 9 (b).**

7. Name and address of health provider or entity to release this information: <u>CHS MEDICAL RECORDS UNIT NYC HEALTH AND HOSPITALS 55 WATER STREET, 18TH FLOOR NEW YORK, NY 10041</u>	
8. Name and address of person(s) or category of person to whom this information will be sent: <u>GLENN JOHNSON R.N.D.C.C-74 11-11 HAZEN STREET EAST ELMHURST, NEW YORK 11370.</u>	
9(a). Specific information to be released:	
<input checked="" type="checkbox"/> Medical Record form (insert date) <u>7/1/22</u> to (insert date) <u>9/30/22</u>	
<input type="checkbox"/> Entire Medical Record, including patient histories, office notes (except psychotherapy notes), test results, radiology studies, films, referrals, consults, billing records, insurance records, and records sent to you by other health care providers.	
<input type="checkbox"/> Other: _____ Include: (Indicate by Initialing)	
<u>G.J.</u>	Alcohol/Drug Treatment
<u>G.J.</u>	Mental Health Information
<u>G.J.</u>	HIV-Related Information
<u>G.J.</u>	Genetic Testing
Authorization to Discuss Health Information	
(b). By initialing here <u>G.J.</u> I authorize <u>CHS MEDICAL RECORDS UNIT NYC HEALTH AND HOSPITALS CORPORATION</u>	
Initials	Name of individual health care provider
to discuss my health information with my attorney, or a governmental agency, listed here:	
(Attorney/Firm or Governmental Agency Name)	
10. Reason for release of information: <input type="checkbox"/> At request of individual <input checked="" type="checkbox"/> Other: <u>MYSELF</u>	11. Date or event on which this authorization will expire: <u>CONCLUSION OF CASE</u>
12. If not the patient, name of person signing form:	13. Authority to sign on behalf of patient:

All Items on this form have been completed and my questions about this form have been answered. In addition, I have been provided a copy of the form.

Glenn Johnson - I.D. 349220/907
Signature of Patient or representative authorized by law.

Date: 9/14/22

106

1100 Visual tour of area all supplies secure. BBS

120 Viewed low of Arch, all appears same

12. Answer: $\frac{1}{2}$ or 0.5

VOLUN OF UNL W/ APPROX PLANE

IN INCHES @ 2 MILES N OF POST

60

4 Upper NE = 21

1345 Beef wagon on pad checked for contraband -
none found. Menus consist of - fish, poultry, potatoes, etc

140 What all are all apple's services?

Had Vision four years ago and appears Severe 3 T83

100 V. Dugl. Force of Mace. Cul. grapes & cns
A. G. Galt. H. 1895 m. 134 C. m. T. = 5m

McCUTCHEN #1846 ON post 4 upper 'A' profile

Relieving C.O. CADET #: 7325 of ALL DUTIES AND

Count Taken and verified, TC = 51 Full Time Bodies

APPENDIX A: AQUEOUS BREATHING

1530 Visual Supervision; Tour of Area Completed; Nothing unusual
M. J. 10-11-61

90 Referral

CHANGE OF TOUR

FRIDAY, July 1st 2022 (1500 x 2331) have Tour

1600 Captain Veevta 106 on post

four of arcs are appear

1. Search at this time
associated with the van

INSTRUCTED OFFICER: [Signature]
REPORT MADE BY: [Signature]

And accurate Count Follow

all DOE Permits and

Regulation Nitrog this carbon

~~Cost~~ Only Incorporated. No 15
PRCM 7000

Officer	Jon	1st	PK4	104
1st	104	1st	PK4	104

within - notes the way
of it at the time.

all over route.

1600 _____ May 1/01

REC 1531 L.C. McCutchen #. 18740 REMAIN ON POST 4 upper 4

until properly believed, Count Taken and Verified;

21) All IN BODIES APPEAR ALIVE AND BREATHING

the various log book entries read and act accordingly, in
unusual situations. Protect Batteries properly.

UNUSUAL	No	ED OR	REPORTED	to	MS WRITER
ED. JOURNAL POST					

(4010)

141

ON T: CHANGE OF TOUR; FRIDAY, July 1st, 2022 (3x11)

NOTE: No "B" OFFICER ON POST AT THIS TIME

ICE DELIVERED AT THIS TIME

1545 1st Security Inspection In Progress: on locks; doors

S GATE; CAMERAS; WINDOWS; FIRE EXIT DOOR; Dayroom Area;

2 BATHROOM / Shower Area; All Common Areas

1600 Visual Supervision; Tour of Area Completed; Nothing

To Report

LEVEL "A" ACTIVATED; Inmate on Inmate Fight

Johnson, Glen B/c #: 349.22.0707 / 04/6/1911K

1610 Instructed To Prepare For VIDEO Conference

1615 1st Security Inspection Completed: (1) Contraband Found: Green

FREE OF DEBRIS AND OBSTRUCTION; Nothing Unusual To Report

1622 MEDICATION ON POST AT THIS TIME; (2) Responded and

Escorted out By (2) C.O. GRANT

(1) VIDEO COURT Escorted out:

1630 Visual Supervision; Tour of Area Completed; Nothing Unusual To Report

(2) RETURN FROM MEDICATION AT THIS TIME

1655 (1) RETURN FROM VIDEO COURT:

1700 Visual Supervision; Tour of Area Completed; Nothing Unusual To Report

1722 Instructed To Prepare For Parole Visit

1730 Visual Supervision; Tour of Area Completed; Nothing Unusual To Report

1755 (1) Escorted out To Parole Visit:

1800 Visual Supervision; Tour of Area Completed; Nothing Unusual To Report

FOOD WAGON ON POST AT THIS TIME; Searched For Contraband

(1) Found; Food handlers Instructed To wear All DOC Issues

Equipment: (gloves, hairnet, MASK, Apron); AT All Times During

Feeding; Food Menu Consist of (1) Fish Patties; Mixed Veggie

Winnaise Potatoes; (1) Fish Patties; Mixed Veggie

Winnaise Potatoes; Whole Wheat Bread; Iced Water Can

1810 INSTITUTIONAL FEEDING In Progress AT THIS TIME

(1) RETURN FROM Parole Visit:

1830 INSTITUTIONAL FEEDING Completed; Nothing Unusual To Report

(4010)

143

CON'T. CHANGE OF TOUR; FRIDAY, July 1ST 2022 (1500X2331)-3 TRANSFERRED OUT TO 5 MAIN AT THIS TIME ~~McCutchen #18140~~

NTC=18

2130 Visual Supervision; TOUR OF AREA Completed; Nothing unusual To Report ~~McCutchen #18140~~2200 Visual Supervision; TOUR OF AREA Completed; Nothing unusual To Report ~~McCutchen #18140~~2230 Visual Supervision; TOUR OF AREA Completed; Nothing unusual To Report ~~McCutchen #18140~~LEVEL "A" ACTIVATED AT THIS TIME ~~McCutchen #18140~~

2240 -1 TRANSFERRED TO INTAKE:

NTC=17

2ND SECURITY INSPECTION IN PROGRESS ON LOCKS, DOORS, GARY CLOSETS, ALL COMMON AREAS ~~McCutchen #18140~~2245 C.O. Charles #: 4515 ON POST DISTRIBUTING WHITES ~~McCutchen #18140~~2300 Visual Supervision; TOUR OF AREA Completed; Nothing unusual To Report ~~McCutchen #18140~~C.O. McCutchen #: 18140 OFF POST, properly Relieved By C.O. Ravelo #: 17099 ~~McCutchen #18140~~



CHANGE OF TOUR

July 2ND 2022 2300 X 0731 TOUR




2305 CO Ravelo #17099 on post at this time properly relieving CO McCutchen #18140 of all duties. PC=18 Individuals Previous logbook entries reviewed. Multiple Incidents on Previous TOURS Multiple Fights on previous TOURS NO B officer on post at this time. Control Room Notified of multiple incidents on previous tour. This writer will be Conducting Visual tours of area from "A" post until instructed otherwise. Equipment

2320 1st security Inspection conducted on "A" Post at this time. All Comm

ATTACHMENT -B-1

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES INMATE STATEMENT FORM		Form.: 7101R-A Eff.: 9/14/18 Ref.: Dir. 3376R-A
Inmate's Name: GLENN JOHNSON	Book & Case #: 3492201707	NYSID #: 04161411K
Facility: NORTH INFIRMARY CAMPUS NIC	Housing Area: 5 SOUTH	Date of Incident: 11/14/22
		Date Submitted: 11/15/22
<p>All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.</p>		
Grievance: EMTC-76 To view VIDEO FOOTAGE OF 7/1/22 INCIDENT IN 4 UPPER DORM AREA WERE I WAS ASSAULTED BY INMATES AND CUT OVER MY LEFT EYE WHICH CAUSED A LACERATION AND A LOT OF BLEEDING AND BURRY VISION WITH A HOME MADE PENCAP RAZOR BLADE AND JUMPED BY SEVERAL INMATES BY THE C.O.'S POST BUBBLE AREA WERE I TOLD THE (A) POST JANE DOE OFFICER#: 18140 TO OPEN THE FRONT GATE WHEN I GOT ASSAULTED THE (A) POST OFFICER#: 18140 REFUSED TO OPEN THE DOOR TO THE (A) AND (B) GATE. SHE JANE DOE OFFICER#: 18140 WATCHED THE ASSAULT FROM THE PLEXIGLASS BUBBLE AREA WHERE OFFICER#: 18140 REFUSED TO OPEN THE (A) AND (B) GATE TO STOP THE ASSAULT FROM HAPPENING.		
Action Requested by Inmate: TO FIND OUT WHAT HAPPEN TO MY INMATE INJURY REPORT FOR JULY 1, 2022 WHEN I GOT TREATED AT EMTC MEDICAL CLINIC FOR EYE AND HEAD INJURIES TO INVESTIGATE WHY THE (A) OFFICER#: 18140 REFUSED TO OPEN THE GATE WHEN I WAS ASSAULTED.		
Please read below and check the correct box: TO CHECK DOC MEDICAL LOG BOOK OF 7/1/22 INCIDENT AND WHEN I WAS TREATED AT CLINIC.		
Do you agree to have your statement edited for clarification by OCGS staff?		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Do you need the OCGS staff to write the grievance for you?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Have you filed this grievance with a court or other agency?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Did you require the assistance of an interpreter?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Inmate's Signature: Glenn Johnson		Date of Signature: 11/15/22
FOR DOC OFFICE USE ONLY OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT. THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR		
TIME STAMP	Grievance Reference #	Category:
Office of Constituent and Grievances Services Coordinator/Officer Signature:		

ATTACHMENT - C

 CITY OF NEW YORK - DEPARTMENT OF CORRECTION 		
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES		
DISPOSITION FORM		
Grievance Reference #: 602715	Date Filed: November 18, 2022	Facility: NIC
Inmate Name: Glenn Johnson	Book and Case#: 349-22-01707	Category: Assault AI
From OCGS Inmate Statement Form, print or type short description of grievance: <div style="float: right; text-align: right;">To view footage of 7/1/22 incident</div> <p>in EMTC C-76 4 Upper dorm area where I was assaulted by inmates and cut over my left eye which caused a laceration and a lot of bleeding and blurry vision with a homemade pen cap razor blade and jumped by several inmates by the CO's post bubble area where I told (A) post Jane Doe officer #18140 to open the door to the (A) and (B) Gate. She Jane Doe officer # 18140 watched the assault from the plexiglass bubble area where officer#18140 refused to open the (A) and (B) gate to stop the assault from happening.</p>		
Action Requested by Inmate: <i>INJURY</i> To find out what happen to my inmate report for July 1, 2022, when I got treated at EMTC Medical clinic for eye and head injuries. To investigate why the (A) officer #18140 refused to... (SEE ATTACHED)		
STEP 1: FORMAL RESOLUTION		
Check one box: <input type="checkbox"/> Grievance <input checked="" type="checkbox"/> Submission is not subjected to the Grievance Process		
The Office Of Constituent and Grievance Services proposes to formally resolve your grievance as follows below. Alternatively, OCGS staff shall provide an explanation for why the submission is not subject to the OCGS process.		
OCGS informed the grievant that his complaint is a submission not subject to the grievance process and and has been forwarded to ID for further investigation.		
CHECK THE APPROPRIATE BOX BELOW AND PROVIDE YOUR SIGNATURE <i>(Failure to sign forms will forgo your right to appeal the proposed resolution.)</i>		
<input type="checkbox"/> Yes, I accept the resolution <input checked="" type="checkbox"/> No <input type="checkbox"/> I request to appeal the resolution of this grievance to the Commanding officer.		
<small>Note: If you appeal, the grievance staff can request for a preliminary based review if they feel the complaint was thoroughly investigated and addressed, prior to forwarding to the Commanding Officer. You will receive the outcome of this review within (3) business days to inform you the appeal will proceed or you exhausted administrative remedies.</small>		
Inmate's Signature: 	Date: 11/18/22	
<input type="checkbox"/> Preliminary Review Requested		
Grievance Coordinator/Officer Signature:	Date: 11/18/22	



015 - 151

THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

Brad Lander
COMPTROLLER

Date: 7/21/2022
Claim Number: 2022PI020664
RE: Acknowledgment of Claim
Your Claim/Policy#:

GLENN JOHNSON 3492201707
10-10 HAZEN ST
BRONX NY 11370

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at 212-669-4729 for claims involving personal injury.

If you need to communicate in a language other than English, please let us know, and we will make translation services available to you.

Sincerely,

Bureau of Law & Adjustment

GLENN JOHNSON I.D. 3492201707
A.M.K.C.-95 QUAD UPPER 4
18-18 HAZEN STREET EAST ELMHURST
NEW YORK 11370.

APR 12 12 34 PM '23
NEW YORK POST OFFICE

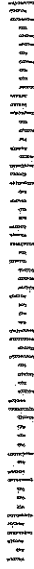
MID-ISLAND NY 117
10 APR 2023 PM 6:14



SDNY
117

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
500 PEARL STREET, PROSE INTAKE UNIT
NEW YORK, NEW YORK 10007

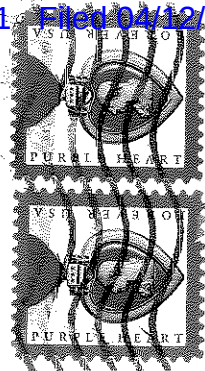
10007-133099



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